

ORDER FOR SUPPLIES OR SERVICES					Form Approved		Page 1 Of 3	
1. Contract/Purch Order No.		2. Delivery Order No.		3. Date Of Order		4. Requisition/Purch Request No.		5. Certified for National Defense Under DMS Reg 1 Priority DXA5
DAAE20-99-D-0146		0001		1999SEP24		SEE SCHEDULE		
6. Issued By		Code		7. Administered By (If other than 6)		Code		8. Delivery FOB <input type="checkbox"/> Dest <input checked="" type="checkbox"/> Other (See Schedule if other)
TACOM-ROCK ISLAND AMSTA-LC-CAC-C MARILYN WILLIAMSON (309) 782-5108 ROCK ISLAND IL 61299-7630 EMAIL: WILLIAMSONM@RIA.ARMY.MIL		W52H09		DCMC ORLANDO 3555 MAGUIRE BOULEVARD ORLANDO FL 32803-3726 SCD A PAS NONE ADP PT HQ0338		S1002A		
9. Contractor		Code		Facility Code		10. Deliver To FOB Point By (Date)		11. Mark If Business Is <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
REAL-TIME LABORATORIES INCORPORATED 990 SOUTH ROGERS CIRCLE SUITE 5 BOCARATON FL 33487-4444		62319				SEE SCHEDULE		
						12. Discount Terms		
13. Mail Invoices To						See Block 15		
14. Ship To		Code		15. Payment Will Be Made By		Code		Mark All Packages And Papers With Contract Or Order Number
SEE SCHEDULE				DFAS COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P O BOX 182264 COLUMBUS OH 43218-2264		HQ0338		
16. T O Y R P D E E R O F	Delivery	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.					
	Purchase							
	Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.							
Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.								
Name Of Contractor		Signature		Typed Name And Title		Date Signed		
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:								
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE								
18. Item No.	19. Schedule Of Supplies/Service			20. Quantity Ordered/ Accepted*	21. Unit	22. Unit Price	23. Amount	
	SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Service Contracts							
* If quantity accepted by the Government is same quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. United States Of America		25. Total	\$279,574.00	
				By: JUDY BECHTLER-HOLZER BECHTLER-HOLZERJ@RIA.ARMY.MIL (309) 782-8530		29. Differences		
26. Quantity In Column 20 Has Been				27. Ship. No.	28. D.O. Voucher No.	30. Initials		
<input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted _____ Date _____ Signature Of Authorized Govt Representative				31. Payment	32. Paid By	33. Amount Verified Correct For		
				<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		34. Check Number		
36. I certify this account is correct and proper for payment						35. Bill Of Lading No.		
37. Received At		38. Received By		39. Date Received		40. Total Containers	41. S/R Account No.	42. S/R Voucher No.

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Name of Offeror or Contractor: REAL-TIME LABORATORIES INCORPORATED

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT								
0001	<div>SUPPLIES OR SERVICES AND PRICES/COSTS</div> <div><u>Supplies or Services and Prices/Costs</u></div> <div>SERVICES LINE ITEM</div> <div>NOUN: TDV SECURITY CLASS: Unclassified PRON: M190P604M1 PRON AMD: 02 ACRN: AA AMS CD: 060015ZN0</div> <div><u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin</div> <div><u>Deliveries or Performance</u><table><tr><td>DLVR SCH</td><td>PERF COMPL</td></tr><tr><td><u>REL CD</u></td><td><u>QUANTITY</u></td></tr><tr><td>001</td><td>0</td></tr><tr><td></td><td>30-SEP-2000</td></tr></table><div>\$ 279,574.00</div></div>	DLVR SCH	PERF COMPL	<u>REL CD</u>	<u>QUANTITY</u>	001	0		30-SEP-2000				\$ 279,574.00
DLVR SCH	PERF COMPL												
<u>REL CD</u>	<u>QUANTITY</u>												
001	0												
	30-SEP-2000												

CONTINUATION SHEET**Reference No. of Document Being Continued**

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CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG						JOB				OBLIGATED	
ITEM	AMS CD	ACRN	STAT	ACCOUNTING CLASSIFICATION				ORDER	ACCOUNTING				
								NUMBER	STATION			AMOUNT	
0001	M19OP604M1	AA	2	97	X4930AC9G	6D	2571	S111169OP604	W52H09	\$		279,574.00	
060015ZN0													
										TOTAL	\$		279,574.00

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC9G	6D	2571 S1111690P604	W52H09	\$ 279,574.00
						TOTAL	\$ 279,574.00